

Nancy B. Sherrod, Ph.D., PLLC

3035 W. 25th Ave.
Denver, CO 80211
(303) 898-7583
nancy@innerhealingpower.com

Disclosure Statement

There is some important information you have the right to know about before we begin therapy.

First and foremost, *you have the right to get respectful treatment that will be helpful to you.* My goal is to work collaboratively with you so that you are an active participant in your own treatment and treatment decisions. Please ask me questions or let me know of concerns you have during treatment.

My Qualifications. I am a psychologist, licensed to practice in the State of Colorado, license no. 2890. I received my Ph.D. in Counseling Psychology from the University of Missouri in 2002. I also received my MA in Counseling Psychology from the University of Missouri in 1999 and a BA in Psychology from the University of Colorado in 1994. I am a member of the American Psychological Association and the EMDR International Association and therefore must abide by their ethical guidelines. I started my private practice in June, 2006.

My mission as a therapist is to provide clients with the tools to discover their own innate wisdom and power to heal themselves through greater awareness and connection to self, others, and spirit. I believe strongly in treatment of the whole person. My methods include traditional talk therapy and EMDR.

You have the right to seek a second opinion from another therapist and to terminate treatment at any time. If you decide that you are ready to end therapy, I would be happy to discuss this with you.

You also have the right to obtain written information, before entering therapy, about fees, method of payment, insurance coverage, and my cancellation policies. You also have a right to know the number of sessions I think will be needed (if I can determine this) and suggested frequency of sessions.

According to law, *all information you share with me during therapy is confidential.* I cannot disclose information you share with me without your consent. There are exceptions to the general rule of legal confidentiality, which are listed in the Colorado statutes (C.R.S. 112-4-218).

Some exceptions to the legal rule of confidentiality include:

- a. If you seriously threaten to harm another person, I must warn that person and the authorities.
- b. If a court orders me to testify about you, I must do so.
- c. If I am testing or treating you under a court order, I must report my findings to the court.

Legal Requests. I will not serve as a court witness, and I ask you to agree that if such a situation arises, you will accept my policy. If you go to court, you will have to ask another professional to do any evaluations requested (such as needed for custody or divorce proceedings, or letters speaking to character or responsibility). If I receive an order from the court to testify or am required to comply with a subpoena, you will be expected to pay for all professional time, even if I am called to testify by another party. Because of the difficulties of legal involvement, you will be charged for legal services at the rate of \$500 per hour (pro-rated for intervals of less than an hour), including but not limited to case research, report writing, travel, depositions (including waiting time), pre-trial preparation, testimony and cross-examination time and courtroom waiting time. Requests for reports and the like from doctors' offices or professionals other than legal professionals and paraprofessionals (if required) not related to legal proceedings will be charged at my then-current standard fee for psychotherapy, currently \$160 per hour, pro-rated for any time over \$160 (with my then-current standard fee being the minimum charge). In my discretion, I may charge such professionals in the first instance in connection with these matters, and they may then charge you or deduct the amount of my charges from any settlement on your behalf.

Electronic Communication and Social Media. I cannot guarantee confidentiality when you and I communicate electronically due to the risks of technology failure or unauthorized monitoring. I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Accepting a friend or contact request would blur the boundaries of our therapeutic relationship, as well as possibly compromise your confidentiality.

Couples coming in for therapy need to know that I have a “no secrets” policy during couples counseling. Specifically, I will not keep a secret for/from one member of a couple. My experience is that secrets are very detrimental to the couples’ counseling process.

I will not record (audio or video), publish, or present your confidential information without your knowledge or permission.

Maintenance of Records: Please note that any person who alleges that a mental professional has violated the licensing laws related to the maintenance of records of a client eighteen years of age or older, must file a complaint or other notice with the licensing board within seven years after the person discovered or reasonably should have discovered this. Pursuant to law, this practice will maintain records for a period of seven years commencing on the date of termination of services or on the date of last contact with the client, whichever is later.

In case I am suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, I have designated a colleague who is a licensed professional as my professional executor. If I die or become incapacitated, my professional executor will be given access to all of my client records and may contact you directly to inform you of my death or incapacity; to provide access to your records; to provide psychological services if needed; and/or to facilitate continued care with another qualified professional if needed. If you have any questions or concerns about this professional executor arrangement, I will be glad to discuss them with you.

I may participate in clinical supervision to expand and improve my therapy skills and knowledge. I may also seek consultation from fellow therapists. Discussing client clinical information is often part of supervision and consultation. The same laws of confidentiality I described on this form bind any supervisor or consultant I speak with. If you have questions or concerns about me discussing limited confidential information with a colleague, please let me know. If you request that I not disclose information to a colleague, I will not do so.

If at any time you feel that you experience immoral or illegal behavior by a therapist, *you have the right to report the behavior* to the Colorado Department of Regulatory Agencies, which has the responsibility of regulating the practice of licensed psychologists. They may be contacted at: Department of Regulatory Agencies; Mental Health Section; 1560 Broadway, Suite #1370; Denver, Colorado 80202; (303) 894-7766.

You have the right to a safe treatment setting, free from sexual, physical, and emotional abuse. In a professional relationship such as ours, sexual intimacy between a client and therapist is never appropriate. If sexual intimacy occurs, it should be reported to the Department of Regulatory Agencies, mental health section.

I may be reached by calling 303-898-7583. If you are in need of immediate support, please call Colorado Crisis Service at 844-493-8255. If you are experiencing a life threatening emergency you may call 9-1-1, or go to your nearest emergency room.

Please do not hesitate to ask any questions about any information presented on this form. I am looking forward to working with you.

I have read the preceding information and understand my rights as a client.

Signature of client

Printed name

Date

Psychologist Signature

Date